

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/566590

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3	2			1			53						
4	3			1			54						
5	3			1			55						
6	1			1			56						
7	1		1				57						
8		1		1			58						
9	1			1			59						
10	2			1			60						
11	1			1			61						
12	1			1			62						
13	1			1			63						
14	1			1			64						
15	2			1			65						
16	2			1			66						
17	1			1			67						
18	1			1			68						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			2										
TOTAL DEP.			14										
TOTAL CLAIMS			18										

BEST AVAILABLE COPY